

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

City of San José

Division, Department, or Region (if applicable)

Council District 2

Designated Agency Contact (Name, Title)

Kimberly Hernandez

Area Code/Phone Number

(408) 535-4902

E-mail

District2@sanjoseca.gov

San Jose City Clerk

JHW OTC

2017 MAR -9 AM 11:18

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 149

Event Description: Sharks vs. Predators Date(s) 3 / 11 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San José Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sergio Jimenez	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Host of recognition event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Hellyer/ Christopher Neighborhood Association	7	recognition event

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Sergio Jimenez

Print Name

Councilmember

Title

3/8/17

(month, day, year)

Comment: _____